HICKMAN COUNTY SENIOR CITIZENS, INC.

Welcome to your local Senior Center. As a new participant, our federal Grant requires that we collect the following information.

All information will be held in strict confidence. We apologize that it might be sensitive information. But, ALL are required if we are to receive financial reimbursement.

Marital Status: Single Married Divorced Case Worker (optional): Sender: Male Female Soc. Sec. No. (optional): Soc. Sec. Sec. No. (optional): Soc. Sec. Card (M)	First Name:				Middle Initial:				
Sander: Male Female Soc. Sec. No. (optional):	Last Name:				Today's Date:				
Phone #: Phone #: Phone #:	Marital Status:	Single	☐ Married ☐ Di	vorced	Case Worker (optional):				
Address: County: Zip Code: City: Rural Area: Yes No Priver's License Soc. Sec. Card (M) Driver's License	Gender:	☐ Male	☐ Female		Soc. Sec. No. (optional)	:			
Address:	Date of Birth:				Phone #:				
Non-Minority Hispanic Sec. Card (M) Chief Ch	Area Code:				County:				
Non-Minority	Address:				Zip Code:				
Hispanic African-American Alaskan Origin African-American Alaskan Origin Amer. Indian / Alaskan Origin Amer. Indian / Alaskan Origin Phone #: Phone	City:				Rural Area:	☐ Yes	. □ No		
Primary Physician (optional): Phone #: NCOME LEVEL (Indicate if your income is "Over" or "Under" the given amount.) Person living in the home – is your household income over or under \$10,400 per year? Over Under Person living in the home – is your household income over or under \$14,000 per year? Over Under Person living in the home – is your household income over or under \$17,600 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Person living in the home – is your household income over or under \$21,200 per year? Over Under Pover Under Und	Ethnicity:	Hispanic hnicity: African-American Asian/Pacific			Verified:	☐ Soc	Soc. Sec. Card (M)		
NCOME LEVEL. (Indicate if your income is "Over" or "Under" the given amount.) It person living in the home — is your household income over or under \$10,400 per year? Over Under Under Ove	Emergency Cont	act:				Phone #:			
person living in the home	Primary Physician (optional):					Phone #:			
HIGH NUTRITIONAL RISK Abused/Neglected/Exploited Yes No Yes over 6 points) No Nutritional Risk List	2 person living in 3 person living in 4 person living in HOUSEHOLD SITUA ☐ Lives Alone	the home – is the home – is the home – is	your household inc your household inc your household inc	ome over oome over oome over o	or under \$14,000 per year or under \$17,600 per year or under \$21,200 per year or under \$21,200 per year under \$21,	? ? ?	☐ Over☐ Over☐ Over	☐ Under ☐ Under	
Abused/Neglected/Exploited		ONE	Number of people						
Yes No None Non			□ Ves □ No						
Female Head of Household									
Yes No 2 I have an illness or condition that made a change in the amount and/or kind of food I eat.									
Yes No 2		Touscrioia		υ		dition that m	ada a abana	a in the amount	
Yes No 2 Leat few fruits or vegetables or milk products. State Resident Yes No 2 Lhave 3 or more drinks of beer/alcohol every day. Tribal Yes No 2 Lhave tooth or mouth problems that make it hard to eat. Juderstands English Yes No 4 Ldon't always have enough money to buy the food I need. JS Citizen Yes No 1 Leat alone most of the time. NSIP Meals Eligible Yes No 1 Lake over 3 different prescribed or over the counter meds daily. Veteran Yes No 2 Without wanting to, I have lost/gained 10 lbs. in the last 6 months. Medicaid Recipient Yes No 2 I am not always physically able to shop, cook, and/or feed myself.	Homebound			□ 2			lade a chang	e in the amount	
Yes No 2 I have 3 or more drinks of beer/alcohol every day. Tribal Yes No 2 I have tooth or mouth problems that make it hard to eat. Jnderstands English Yes No 4 I don't always have enough money to buy the food I need. JS Citizen Yes No 1 I eat alone most of the time. NSIP Meals Eligible Yes No 1 I take over 3 different prescribed or over the counter meds daily. Veteran Yes No 2 Without wanting to, I have lost/gained 10 lbs. in the last 6 months. Medicaid Recipient Yes No 2 I am not always physically able to shop, cook, and/or feed myself.	Medicare Eligible	•	☐ Yes ☐ No	□ 3	I eat fewer than 2 meals	per day.			
Yes No 2 I have tooth or mouth problems that make it hard to eat. Jnderstands English Yes No 4 I don't always have enough money to buy the food I need. JS Citizen Yes No 1 I eat alone most of the time. NSIP Meals Eligible Yes No 1 I take over 3 different prescribed or over the counter meds daily. Veteran Yes No 2 Without wanting to, I have lost/gained 10 lbs. in the last 6 months. Wedicaid Recipient Yes No 2 I am not always physically able to shop, cook, and/or feed myself.	Receiving Social Security		☐ Yes ☐ No	□ 2	I eat few fruits or vegeta	bles or milk	es or milk products.		
Jnderstands English ☐ Yes ☐ No ☐ 4 I don't always have enough money to buy the food I need. JS Citizen ☐ Yes ☐ No ☐ 1 I eat alone most of the time. NSIP Meals Eligible ☐ Yes ☐ No ☐ 1 I take over 3 different prescribed or over the counter meds daily. Veteran ☐ Yes ☐ No ☐ 2 Without wanting to, I have lost/gained 10 lbs. in the last 6 months. Veteran Dependent ☐ Yes ☐ No ☐ 2 I am not always physically able to shop, cook, and/or feed myself.	State Resident		☐ Yes ☐ No	□ 2	I have 3 or more drinks	of beer/alco	beer/alcohol every day.		
JS Citizen Yes No 1 I eat alone most of the time. NSIP Meals Eligible Yes No 1 I take over 3 different prescribed or over the counter meds daily. Veteran Yes No Without wanting to, I have lost/gained 10 lbs. in the last 6 months. Veteran Dependent Yes No 1 I am not always physically able to shop, cook, and/or feed myself.	Tribal		☐ Yes ☐ No	□ 2	I have tooth or mouth pr	oblems that	olems that make it hard to eat.		
Vesteran □ Yes □ No □ 1 I take over 3 different prescribed or over the counter meds daily. Veteran □ Yes □ No □ 2 Without wanting to, I have lost/gained 10 lbs. in the last 6 months. Veteran Dependent □ Yes □ No □ 2 I am not always physically able to shop, cook, and/or feed myself.	Understands English		☐ Yes ☐ No	□ 4	I don't always have eno	ugh money	h money to buy the food I need.		
Veteran ☐ Yes ☐ No ☐ 2 Without wanting to, I have lost/gained 10 lbs. in the last 6 months. Veteran Dependent ☐ Yes ☐ No ☐ 2 I am not always physically able to shop, cook, and/or feed myself.	US Citizen		☐ Yes ☐ No	□ 1	I eat alone most of the t	ime.	e.		
Veteran Dependent ☐ Yes ☐ No ☐ 2 months. Medicaid Recipient ☐ Yes ☐ No ☐ 2 months. I am not always physically able to shop, cook, and/or feed myself.	NSIP Meals Eligible		☐ Yes ☐ No	□ 1	I take over 3 different pr	escribed or	cribed or over the counter meds daily.		
Veteran Dependent ☐ Yes ☐ No ☐ Yes ☐ No ☐ I am not always physically able to shop, cook, and/or feed myself.	Veteran		☐ Yes ☐ No	По	Without wanting to, I have lost/gained 10 lbs. in the last 6				
myself.	Veteran Dependent		☐ Yes ☐ No	∟ ∠					
Total Points	Medicaid Recipie	ent	☐ Yes ☐ No	□ 2		ically able	to shop, cod	ok, and/or feed	
					Total Points				